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TM: 97-41
Approved: FEB 24 1998

Approved: FEB 24 Supersedes: 95-05

1988 settlement). For final rates, the DSH percentage calculations are based on the cost settlement for the previous fiscal year.

## 2.53 DSH Percentage

- (A) MA MI\* Patient Revenue: Most recently settled Medicaid cost settlement plus Medicaid receipts for the same year less the amount of any prior year's Medicaid settlement included in the receipts.
- (B) Cash subsidies [B(1) B(2)]:

Because the State absorbs the costs exceeding receipts, Cash Subsidies equals the Cost of MI Programs (1) less Total MI Collections (2):

- (1) Cost of MI Programs:
  Amounts reported as
  allowable cost for the
  prior year's Medicaid
  cost settlement.
- Total MI Collections:
  Total receipts reported,
  adjusted for Medicaid
  costs settlement in the
  same manner as MA MI
  Patient Revenue (A).
- Federal and State
  Funds [A + B]
- (D) Total Revenue [B(2)]
- (E) Cash Subsidies [B]
- (F) Total Revenue + Cash Subsidies
  [D + E]

<sup>\*</sup> MI = mentally ill or mental illness

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Ratio of Government Funding: Total [C/F]:

The percent of resources provided by federal and state government to supply services to low income clients.

- (H) Cost of Charity Care [B]
- (I) Cash Subsidies [B]
- (J) Net of Subsidies and Charity [H-I]:

Subtracting the Cost of Charity Care (H) from the amount of Cash Subsidies (I) always equals zero.

(K) Total Charges:

Total patient days times the total per diem rate.

- (L) Percent of Charges Unreimbursed [J/K]
- (M) Government Funding + Uncovered Care [G + L]
- (N) DSH Percentage [M .25]
- 2.6 Additional DSH Payment For any federal fiscal year in which the State's DSH allotment under §1923(f) of the Act is not otherwise expended, state-operated inpatient hospital DSH payments are increased as follows:
  - Except as provided in item (B), the amount of the (A) unexpended DSH allotment is prorated among the stateoperated inpatient hospitals eligible for a DSH payment under §2.5.
  - (B) If the DSH payment in item (A) would cause a facility to exceed its facility-specific DSH limit under \$1923(g) of the Act, the amount exceeding the limit is prorated among the remaining facilities. This payment formula is applied until either any of the following occur:

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(1) All of the formerly unexpended DSH allotment is expended; or .

- All of the state-owned hospitals have DSH payments that equal their facility-specific DSH limits, whichever occurs first.
- 73) The DSH payments to IMDs exceed the limit established under \$1923(h) of the Act.



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- 3. Amendment to Minnesota Rules 9500.1100 • Neonate Diagnostic Categories (7-1-88)
- 4. Relative Values for January 14, 1988
- 5. Clarification of Payment Methodology for Readmissions to the Same or Different Hospital (Instructional Bulletin 88-21A)
- 6. Minnesota Statutes 256.969
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